**Request for Waiver of Penalty Deposit**

*Pursuant to CVC 40215(b)*

*Please complete this form as thoroughly as possible and provide all relevant supporting documents. Sign the form and return it to the address below. Electronic submissions will not be accepted.*

California State University San Bernardino

Parking & Transportation Services

University Hall, Room 039

5500 University Parkway

San Bernardino, CA 92407

Citation Number(s):

Name:

Telephone:

Email:

**Employment: Supported by: Persons Supported:**

 Full-time  Self  Self

 Part-time  Spouse  Spouse

 Unemployed  Parents  Number of Children:

 Other:  Other:

**Net income per month: $**

**Assets: Monthly Expenses:**

Vehicle(s): $ Rent/Mortgage: $

Home: $ Utilities: $

Checking Account: $ Loans/Debts: $

Savings Account: $ Transportation: $
Cash on Hand: $ Medical Expenses: $

Other: $ Other Living Expenses: $

**I hereby request a waiver of parking penalty deposit based on an inability to pay the amount due and that the hearing proceed on my citation for the reasons stated above. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

**Name Date**